

# Fitness Club Reimbursement Requests

As WSU Tri-Cities does not have an on-campus fitness center, WSU Tri-Cities sponsors a partial reimbursement program for students who are members of a local fitness club.

## Who is eligible?

- All fee-paying WSU Tri-Cities students enrolled in and completing 6 or more credits per semester on the Richland Campus. *DDP classes do not qualify.*
- Students using state tuition waivers are not eligible.

## How much is reimbursed?

- Reimbursement is for 50% of the monthly dues at the individual rate.

## What can be reimbursed?

- Monthly fitness center membership dues at the individual rate. *Joining fees, fitness classes, personal trainers or individual sessions will not be reimbursed.*

## How does the reimbursement process work?

- Complete the information below and return this form with a copy of the fitness club account history statement showing the club name and address, student name, monthly dues amount, and confirmation of dues payments of the months for which you are seeking reimbursement and have been paid in full. Bank statements or individual monthly billing statements will not be accepted.
- The completed reimbursement form and account history must be returned to the WSU Tri-Cities Student Accounts window in the East Building, Room 254 by 5 p.m. on the date listed below for the semester applying for.

### Fitness Club Reimbursement Request Form

Request for semester:  Fall  Spring  Summer Year:

Due: Dec. 11 April 24 July 31

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
First Name, Middle Initial, Last Name

Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Number of class hours you are enrolled in at WSU Tri-Cities this semester: \_\_\_\_\_

Fitness Club Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Membership:  Individual  Couple  Family

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE SUBMIT THIS FORM TO THE PARTICIPATING FITNESS CLUB  
PLEASE ENTER COST FOR AN INDIVIDUAL MEMBERSHIP PER MONTH (+ TAX) \$ \_\_\_\_\_ .

Printed Name of Club Representative: \_\_\_\_\_ Contact phone: \_\_\_\_\_

Signature of Club Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Questions? Call the WSU Tri-Cities Student Accounts office  
at 372-7498 or Cherish Tijerina (509) 372-7352.

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